APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

\$21.00 for first copy \$ 4.00 for each additional copy Number of copies: _____ Total amount due: \$____

Certificate #_____

| | EST <u>WILL NOT</u> BE PRO | CESSED WITHOUT IDE | NTIFICATION |
|-------------------------|---|----------------------------------|---|
| Signature of Applicant | | Date | |
| 25 of the Texas Adminis | al to obtain a certified copy of a strative Code 181.11 defines a e legal agent or representative | qualified applicant as: any imm | t be a qualified applicant. Chapter ediate family member either by |
| | alty for knowing making a false \$10,000 (Health & Safety Code | | 2-10 years in prison and a fine |
| PURPOSE FOR OBTAI | RPOSE FOR OBTAINING THIS RECORD: (Estate needs, Insurance, Social Security, Etc.) | | |
| | · | eral Director, Spouse, Parent, C | • |
| | Street/P. O. Box | City, State | & Zîp Code |
| MAILING ADDRESS: _ | | | |
| APPLICANT: | | TELEPHONE: | |
| NAME OF MOTHER: _ | First | Middle | Maiden |
| NAME OF FATHER: | First | Middle | Last |
| PLACE OF DEATH: | City | County | State |
| DATE OF DEATH: | Month | Day | Year . |
| | | | Last |

Local Registrar #_____

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